



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
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email: ethics@hawaiiethics.org

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
NIP	CELESTE	Y.K.	949-1566
MAILING ADDRESS (Street)			FAX
2305 S. Beretania Street #202			952-6003
(City)	(State)	(Zip Code)	
Honolulu	HI	96826	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Hawaii Fire Fighters Association - Political Action Comm.			949-1566
MAILING ADDRESS (Street)			FAX
2305 S. Beretania Street #202			952-6003
(City)	(State)	(Zip Code)	
Honolulu	HI	96826	

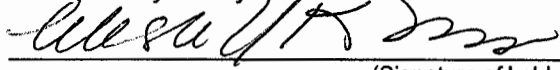
PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Hawaii Fire Fighters Association		949-1566
MAILING ADDRESS (Street)		FAX
2305 S. Beretania St. #202		952-6003
(City)	(State)	(Zip Code)
Honolulu	HI	96826
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Guy T. Tajiri		949-1566
MAILING ADDRESS (Street)		FAX
2305 S. Beretania St. #202		952-6003
(City)	(State)	(Zip Code)
Honolulu	HI	96826

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	<input checked="" type="checkbox"/> Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	<input checked="" type="checkbox"/> Labor & Employment	Transportation
Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	_____

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

1-24-05

(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
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Robert H. Lee

President

NAME OF ORGANIZATION (if applicable)

Hawaii Fire Fighter Association - Political Action Comm.

TELEPHONE

949-1566

MAILING ADDRESS (Street)

2305 S. Beretania St. #202

FAX

952-6003

(City)

Honolulu

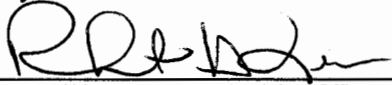
(State)

HI

(Zip Code)

96826

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

1-24-05

(Date)